



## **Joint Statement on Pain Management**

### **Minnesota Boards of Medical Practice, Nursing, and Pharmacy**

Pain management is a significant issue in health care today. In 2009, it was estimated that more than 33 million Americans-men, women, and children-were living with serious pain that lasted one year or more. Thirty to fifty percent of patients undergoing cancer treatment experience pain. Common pain conditions among workers result in over \$60 billion in lost productivity. The effects of unmanaged pain are serious and wide-ranging and yet, pain is widely under-treated. Untreated or inadequately treated pain impacts patients' quality of life and increases health care costs. Factors cited in the under-treatment of pain include: concerns about causing addiction or tolerance; inadequate knowledge of controlled substances and pain management; fear of scrutiny and discipline by regulatory agencies; inadequate assessment; and patient reluctance to report pain or to take pain medications.

The Joint Commission standards indicate patients have a right to effective pain management and require that pain be routinely assessed for all patients. It is, therefore, incumbent upon Minnesota physicians, nurses and pharmacists to work cooperatively and effectively to address the dimensions of pain and to provide maximum pain relief with minimal side effects. Towards that end and in the interest of public protection, the Minnesota Boards of Medical Practice, Nursing and Pharmacy issue the following joint statement.

To effectively assist patients in the management of pain, health care professionals should, within their scope of practice:

- Consistently and thoroughly assess all patients for pain. If pain is reported, the pain should be evaluated with a complete history and physical with laboratory and diagnostic testing, if indicated. The assessment of pain should be individualized, on-going and clearly documented;
- Work collaboratively in a multi-disciplinary approach to develop and implement an individualized, written treatment plan utilizing pharmacologic and non-pharmacologic interventions with specific objectives for the patient;
- Regularly evaluate the effectiveness of the treatment plan, using a consistent, developmentally appropriate, standardized pain scale, and make adjustments as needed;
- Document all aspects of pain assessment and care in a timely, clear, consistent, complete and accurate manner;
- Anticipate and effectively manage side effects of pain medications;
- Provide adequate and culturally appropriate information to patients and family members or caregivers to support patients in making informed decisions and participating in the management of their pain;
- Be aware of the risks of diversion and abuse of controlled substances and take appropriate steps to minimize these risks.
- Recognize individuals with chemical dependency may experience pain requiring medications,

- including opioids, and may require specialized management;
- Consult with, and refer patients to, other providers when appropriate;
- Develop organization-appropriate and evidence-based policies and protocols for pain management;
- Become and remain knowledgeable regarding effective pain management; and
- Comply with all state and federal laws and regulations regarding prescribing dispensing, and administering legend drugs, including controlled substances.

Adopted: August 2004  
Reaffirmed: December 2009

## Resources

Academy of Pain Management. (2009). FDA's Public Meeting. Retrieved October 28, 2009, from <http://www.aapainmanage.org/literature/Advocacy/FDATakeAction.pdf>

American Pain Foundation. [www.painfoundation.org](http://www.painfoundation.org)

American Pain Society. [www.asmpainsoc.org](http://www.asmpainsoc.org)

American Society for Pain Management Nursing. [www.aspnn.org](http://www.aspnn.org)

California Board of Registered Nursing. (1999). Pain management policy. Retrieved October 21, 2009, from <http://www.rn.ca.gov/pdfs/regulations/npr-b-09.pdf>

Drug Enforcement Agency. Good medicine, bad behavior: Drug diversion in America. Retrieved from [http://www.goodmedicinebadbehavior.org/explore/pain\\_management.html](http://www.goodmedicinebadbehavior.org/explore/pain_management.html)

Federation of State Medical Boards. (2004). Model policy for use of controlled substances for the treatment of pain. Retrieved October 21, 2009, from [http://www.fsmb.org/pdf/2004\\_grpol\\_Controlled\\_Substances.pdf](http://www.fsmb.org/pdf/2004_grpol_Controlled_Substances.pdf)

Fishman, SM. (2007). *Responsible opioid prescribing: A physician's guide*. Washington DC: Waterford Life Sciences.

Kansas State Board of Nursing. (2002). Joint policy statement of the Boards of Healing Arts, Nursing and Pharmacy on the use of controlled substances for the treatment of pain. Retrieved October 21, 2009, from [http://www.ksbn.org/positionstatements/joint\\_policy\\_statement.pdf](http://www.ksbn.org/positionstatements/joint_policy_statement.pdf)

Joint Commission Standards. (2009). Provision of Care, Treatment and Services, PC 01.02.07. Retrieved October 26, 2009, from <http://www.jointcommission.org/Standards/Pre-PublicationStandards/>

Mayday Pain Project. <http://www.painandhealth.org/>

Minnesota Nurses Association. (2006). MNA position statement: Pain management. Retrieved October 21, 2009, from <http://www.mnnurses.org/vertical/Sites/%7B41671038-B8D0-4277-90A9-50B10F730CBD%7D/uploads/%7B4099D6AC-6A43-417E-8928-7C27907BA877%7D.PDF>

National Foundation for the Treatment of Pain. <http://www.paincare.org/>

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North Dakota Board of Nursing. (2006). Role of the nurse in pain management. Retrieved October 21, 2009, from <http://www.ndbon.org/documents/1164827575.pdf>

Pain and Policy Studies Group: University of Wisconsin Carbone Cancer Center. (2009). <http://www.painpolicy.wisc.edu>

Trossman, S. (2006). Improving pain management: Call to action. *American Nurse Today*, December, 29-30. Retrieved November 3, 2009, from <http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/AmericanNurseToday/Archive/2006/December/Issues.aspx>